Report of Contributions and Expenditures For Sandy City Election Candidates



(As defined by Sandy City Ordinance #05-18 and UCA 10-3-208(3)(b))

| Name of Candidate | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| Address Vac | | | | | | | | | |
| 0095 Harvard Park Or | | | | | | | | | |
| Office Sought District Number Daytime Phone Fax Email 10/6570400 000041 | | | | | | | | | |
| Type of Report | | | | | | | | | |
| (Check the appropriate box) | | | | | | | | | |
| Is this report an amendment? Yes No | | | | | | | | | |
| Interim Reports: | | | | | | | | | |
| ☐ Fourteen (14) days before the date of the primary election, if any | | | | | | | | | |
| Seven (7) days before the date of the primary election, if any | | | | | | | | | |
| ☐ Fourteen (14) days before the date of the municipal general election | | | | | | | | | |
| ☐ Seven days (7) before the date of the municipal general election | | | | | | | | | |
| Final Reports: | | | | | | | | | |
| \Box No later than thirty (30) days after the date of the primary election, if any | | | | | | | | | |
| | | | | | | | | | |
| □ No later than thirty (30) days after the date of the general election | | | | | | | | | |
| Report Verification (Due with each report) | | | | | | | | | |
| 1. Allson Stroud | | | | | | | | | |
| Name of Candidate (please type or print) | | | | | | | | | |
| Affirm that this Report of Contributions and Expenditures is true, accurate and complete. | | | | | | | | | |
| | | | | | | | | | |
| 8/ 12019 | | | | | | | | | |
| Signature of Candidate Date | | | | | | | | | |
| Mail or Deliver to | | | | | | | | | |

Sandy City Recorder's Office 10000 Centennial Parkway Sandy, UT 84070

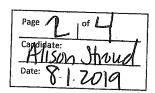
For more information

Contact the Sandy City Recorder's Office By calling 801-568-7118 Date Received

AUG 0 1 2019

SANDY CITY
RECORDER'S OFFICE

Summary Page



(Complete this page after filling out Schedule A and Schedule B)

PLEASE NOTE: You must report all loans or donations given to your campaign from personal accounts.

| | | Column A Total this Period | Column B Year-to-Date | Figure numbers in Column B by adding the corresponding figure on |
|---|--|----------------------------------|--------------------------|--|
| | CONTRIBUTIONS RECEIVED | your last report to the | | |
| 1 | TOTAL CONTRIBUTIONS RECEIVED (See Schedule A) | 8 | 1819.78 | figure in Column A. If this if your first report for the year, the figures |
| | EXPENDITURES MADE | | | in Columns A and B should be the same. |
| 2 | TOTAL EXPENDITURES MADE (See Schedule B) | D | 1819.78 | |
| | BALANCE SUMMARY | | | |
| 3 | Balance at Beginning of Reporting Period | D | Refer to | Line 7 on your last report |
| 4 | Total Contributions Received (From Line 1 Column A) | 0 | | |
| 5 | Subtotal (Add Line 3 and Line 4) | 0 | · | |
| 6 | Total Expenditures Made (From Line 2 Column A) | 0 | · | |
| 7 | Balance at Close of Reporting Period (Subtract Line 6 from Line 5) | 0 | This num | nber may never be negative |

Schedule A

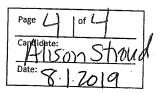
Page Z of L Candidate: All Son Shoud Date: 8 1 2019

Itemized Contributions Received

PLEASE NOTE: List all contributions. When reporting in-kind contributions, label them as such, and include them in the totals. Attach additional pages, or spreadsheets at needed.

| Date Received | Name of Contributor | Mailing Address | Amount \$ | | |
|---|---------------------|-----------------|--------------|--|--|
| | None | | A | | |
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| | | | | | |
| SUBTOTAL I | FOR THIS PAGE | | A | | |
| TOTAL CONTRIBUTIONS RECEIVED (Sum of all subtotals from all Schedule A pages) | | | | | |

Schedule B



Itemized Expenditures Received

PLEASE NOTE: Any in-kind contributions reported on Schedule A should be listed as expenditures on Schedule B and should be included in the totals. Attach additional pages, or spreadsheets at needed.

| Date of Expenditure | Name of Recipient (Person or Organization) | Purpose | Amount | |
|---|---|---------|--------|--|
| | None | | A. | |
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| UBTOTAL FOR THIS PAGE | | | | |
| OTAL EXPENDITURES RECEIVED (Sum of all subtotals from all Schedule B pages) | | | | |